

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/674073

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/										
2		/		/			51						
3		/		/			52						
4		/		/			53						
5		/		/			54						
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13	/		/				62						
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44							93						
45							94						
46							95						
47							96						
48							97						
49							98						
50							99						
TOTAL IND.	3		3				100						
TOTAL DEP.	20		16				TOTAL IND.						
TOTAL CLAIMS	23		19				TOTAL DEP.						
							TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS